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(Requestor's Name)				
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PICK-UP WAIT MAIL				
in the contract of the contrac				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
4111 batch				

Office Use Only



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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	The Reconciliation Group, Inc			
	(PROPOSED CORPORATE	E NAME – <u>MUST INCLUI</u>	DE SUFFIX)	
Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM: The Reconciliation Group, Inc.				
Name (Printed or typed)				
	PO BOX 92108			
Address Lakeland FL. 33804 City, State & Zip .			-	
863-221-4220 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	NAME
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The name of the corporation shall be:

The Reconciliation Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5600 US Highway 98 North Suite 1 Lakeland FL 33809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Reconcile all of God's Children.

2008 FEB 12 AM 8: 17 SECRETARY OF STATE TALLAHASSEF FIREIN

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

They are elected by a majority of the members.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Wm. R. Harkins, PO BOX 92108, Lakeland FL 33804

Jean M Harkins, PO BOX 92108, Lakeland FL 33804

Bernard Monsalvo, PO Box 92108, Lakeland FL 33804

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Wm. R. Harkins,

5600 US Highway 98 North, Suite #1

Lakeland FI 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wm. R. Harkins

PO BOX 92108

Lakeland FL 33804

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Incorporator

In this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

2/5/08

Date

2/5/08

Date